

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Fresenius Medical Care North America PAC

ADDRESS (number and street) ▼

801 Pennsylvania Avenue, NW

Suite 255

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00401299

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

☐ PRE-Election
Report for the:☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

☐ POST-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eric Bishop

Signature of Treasurer

Eric Bishop

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		8003.27
(b) Cash on Hand at Beginning of Reporting Period.....	5029.69	
(c) Total Receipts (from Line 19)	7281.36	109103.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	12311.05	117107.25
7. Total Disbursements (from Line 31)	3539.95	108336.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8771.10	8771.10
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6430.40	92714.84
(ii) Unitemized	850.96	15389.14
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	7281.36	108103.98
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7281.36	108103.98
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7281.36	109103.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7281.36	109103.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	39.95	1438.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	39.95	1438.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	106898.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3539.95	108336.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3539.95	108336.15

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7281.36	108103.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7281.36	108103.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	39.95	1438.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	39.95	1438.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Roland Levin

Mailing Address 2637 Shadelands Dr

City

Walnut Creek

State

CA

Zip Code

94598-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Systems Development Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2011

Transaction ID : 5846901

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Allen Mills

Mailing Address 2421 23rd Street Ct NE

City

Hickory

State

NC

Zip Code

28601-7981

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2011

Transaction ID : 5848764

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Kathleen L. Altier

Mailing Address 25050 Country Club Blvd

City

North Olmsted

State

OH

Zip Code

44070-5356

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director, Technical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2011

Transaction ID : 5853693

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 23
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Jayme Patterson

Mailing Address 4843 W 4500 S

City

West Haven

State

UT

Zip Code

84401-9200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Molding

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2011

Transaction ID : 5858983

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Curtis Dean Johnson

Mailing Address 16100 Celtic St

City

Granada Hills

State

CA

Zip Code

91344-5312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2011

Transaction ID : 5858984

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Douglas G. Kott

Mailing Address 211 Claybook Rd.

City

Dover

State

MA

Zip Code

02030-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : PR7883582232

Amount of Each Receipt this Period

384.62

P/R Deduction (\$384.62 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1684.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 23
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Nicholas Brownlee

Mailing Address 12 Deer Grass Ln

City State Zip Code
 Acton MA 01720-4755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President SRM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

10 / 31 / 2011

Transaction ID : PR7883652232

Amount of Each Receipt this Period

384.62

P/R Deduction (\$384.62 Monthly)

Full Name (Last, First, Middle Initial)

B. David Carter

Mailing Address 5215 Wiltonwood Ct

City State Zip Code
 Indianapolis IN 46254-9665

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR7883672232

Amount of Each Receipt this Period

130.00

P/R Deduction (\$130.00 Monthly)

Full Name (Last, First, Middle Initial)

c. Claire Callahan

Mailing Address 920 Winter St

City State Zip Code
 Waltham MA 02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP Human Resources & Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3465.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR7883702232

Amount of Each Receipt this Period

330.00

P/R Deduction (\$330.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

844.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 23
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Wendy Schrag

Mailing Address 625 Medical Center Dr

City

Newton

State

KS

Zip Code

67114-8780

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director, Advocacy & Gov Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR7883742232

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Robert P. Loeper

Mailing Address 10431 Oakbrook Dr

City

Tampa

State

FL

Zip Code

33618-5352

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

10 / 31 / 2011

Transaction ID : PR7883752232

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial)

c. Robert McGorty

Mailing Address 2 Walter Circle

City

Westford

State

MA

Zip Code

01886-4533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance & Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2422.98

Date of Receipt

10 / 31 / 2011

Transaction ID : PR7883772232

Amount of Each Receipt this Period

230.76

P/R Deduction (\$230.76 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

327.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Terry O Gilpin

Mailing Address 4631 Woodland Corporate Blvd Suite
Suite 113

City State Zip Code
Tampa FL 33614-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President DSD North Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : PR7883952232

Amount of Each Receipt this Period

153.84

P/R Deduction (\$153.84 Monthly)

Full Name (Last, First, Middle Initial)

B. Erma Hall

Mailing Address 3850 N Causeway

City State Zip Code
Metairie LA 70002-4719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : PR7883962232

Amount of Each Receipt this Period

76.00

P/R Deduction (\$76.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Deborah Harvey

Mailing Address 1602 Hampton Oaks Bnd

City State Zip Code
Marietta GA 30066-4451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : PR7883972232

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

529.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Donna McCarthy

Mailing Address 34 Warren St

City

Wellfleet

State

MA

Zip Code

02667-8527

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

West Division President

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2422.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011

Transaction ID : PR7883992232

Amount of Each Receipt this Period

230.76

P/R Deduction (\$230.76 Monthly)

Full Name (Last, First, Middle Initial)

B. Liam Walsh

Mailing Address 5809 Chatham Ln

City

The Colony

State

TX

Zip Code

75056-7109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1407.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011

Transaction ID : PR7884002232

Amount of Each Receipt this Period

134.00

P/R Deduction (\$134.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Kim Sonnen

Mailing Address 240 S Madison St

City

Denver

State

CO

Zip Code

80209-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP Marketing & Managed Care

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2730.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011

Transaction ID : PR7884012232

Amount of Each Receipt this Period

260.00

P/R Deduction (\$260.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

624.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Anthony Hayes

Mailing Address 100 Galleria Parkway, SE Suite 500
Suite 500 - 5th Floor

City Atlanta State GA Zip Code 30339-7004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

496.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR7884072232

Amount of Each Receipt this Period

62.00

P/R Deduction (\$62.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Brian Riddle

Mailing Address 8 Brookside Ct

City Methuen State MA Zip Code 01844-1245

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Dir Compliance Audits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

10 / 31 / 2011

Transaction ID : PR7884152232

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

C. Michael Parlier

Mailing Address 6100 Dutchmans Lane, 14th Floor

City Louisville State KY Zip Code 40205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR7884182232

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 23
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Steven P Covino

Mailing Address 6 Williams Street

City

Waltham

State

MA

Zip Code

02453-4131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Benefits

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1326.87

Date of Receipt

10 / 31 / 2011

Transaction ID : PR7884952232

Amount of Each Receipt this Period

153.84

P/R Deduction (\$153.84 Monthly)

Full Name (Last, First, Middle Initial)

B. Carol A Ernst

Mailing Address 22370 N 64th Ave

City

Glendale

State

AZ

Zip Code

85310-4259

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

807.66

Date of Receipt

10 / 31 / 2011

Transaction ID : PR7885002232

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial)

C. James Freedman

Mailing Address 269 Rolling Meadow

City

Holliston

State

MA

Zip Code

01746-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Leadership & Prof Dev

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1840.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR7885042232

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

310.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 23
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. K. Brett Heiner

Mailing Address 874 West 1145 North

City State Zip Code
West Point UT 84015-8876

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
Distribution Center Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 31 2011

Transaction ID : PR7885102232

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Matthew D Kinser

Mailing Address 750 Old Hickory Blvd Suite 230
Suite 230

City State Zip Code
Brentwood TN 37027-4528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
VP Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 31 2011

Transaction ID : PR7885152232

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial)

C. Donna M Painter

Mailing Address 105 W 7th Avenue Suite 1000
Suite 1000

City State Zip Code
Corsicana TX 75110-6449

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 31 2011

Transaction ID : PR7885242232

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

126.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 23
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Charles E Brown

Mailing Address 4640 Glen Coe Street

City

Leesburg

State

FL

Zip Code

34748-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR7885362232

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Barry M Doherty

Mailing Address 941 Luba St

City

Woodburn

State

OR

Zip Code

97071-5594

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

BU IT Development Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR7885382232

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Wm Gary Livesay

Mailing Address 520 10th Avenue South

City

Surfside Beach

State

MA

Zip Code

29575-3213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR7885432232

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 23
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Mark R Fawcett

Mailing Address 100 Franklin Street

City State Zip Code
Arlington MA 02474-3214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

798.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : PR7885582232

Amount of Each Receipt this Period

76.00

P/R Deduction (\$76.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Jessica Orlando

Mailing Address 93 Russell Street

City State Zip Code
Waltham MA 02453-8510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : PR7885592232

Amount of Each Receipt this Period

23.06

P/R Deduction (\$23.06 Monthly)

Full Name (Last, First, Middle Initial)

C. Kimberly Grelle-Swint

Mailing Address 6100 Bandera Rd Suite 600
Suite 600

City State Zip Code
San Antonio TX 78238-1667

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Director of Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : PR7885652232

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

139.06

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Nicole Devore

Mailing Address 801 Pennsylvania Ave NW Suite 225
 Suite 225

City State Zip Code
 Washington DC 20004-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 31 2011

Transaction ID : PR7885752232

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

B. Balaji Gandhi

Mailing Address 920 Winter St

City State Zip Code
 Waltham MA 02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Gov't & External Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 31 2011

Transaction ID : PR7885812232

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Judith Moran

Mailing Address 2201 South Clinton Ave 2nd Floor
 2nd Floor

City State Zip Code
 South Plainfield NJ 07080-1473

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 31 2011

Transaction ID : PR7886002232

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

176.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Barbara B St. Louis

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : PR788602232

Amount of Each Receipt this Period

24.00

P/R Deduction (\$24.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Sandra Geraci

Mailing Address 262 Berenger Walk

City

West Palm Beach

State

FL

Zip Code

33414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Sales

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : PR788629232

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Michael Ramsey

Mailing Address 4 Cubs Path

City

Hopkinton

State

MA

Zip Code

01748

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : PR788631232

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

142.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Jenny Lee Fischer

Mailing Address 920 Winter Street

City

Waltham

State

MA

Zip Code

02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

10 / 31 / 2011

Transaction ID : PR7979652232

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

B. Thomas C Graham

Mailing Address 920 Winter Street

City

Waltham

State

MA

Zip Code

02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR7979682232

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Terry L Ketchersid

Mailing Address 920 Winter Street

City

Waltham

State

MA

Zip Code

02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR7979762232

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

188.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 23
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Manikandan Pandi

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 31 2011

Transaction ID : PR7979832232

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

B. Catherine Dubinsky

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Operations Integrity

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 31 2011

Transaction ID : PR8131082232

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial)

C. Christopher Fonvielle

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 31 2011

Transaction ID : PR8131092232

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

153.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. William Fink

Mailing Address 32 Hartwell Ave

City
Lexington

State
MA

Zip Code
02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP, ITG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : PR8306752232

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

6430.40

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Fresenius Medical Care North America PAC

A. Comerica Bank

City	State	Zip Code
Detroit	MI	48275-0001

Transaction ID : 5814573

00:

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

35.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Bank Service Charge

Full Name (Last, First, Middle Initial)

B. American Express

Date of Disbursement

Mailing Address PO Box 2878

City	State	Zip Code
Omaha	NE	68103-2878

Transaction ID : 5875841

Purpose of Disbursement	Credit Card Fee

00

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

4.95

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Credit Card Fee

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional).....

39.95

TOTAL This Period (last page this line number only).....

39.95

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Fresenius Medical Care North America PAC

Direct Contribution

Direct Contribution

3500.00